

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Anthony DiBiase

Mailing Address 550 N Yachtsman Dr

City

Sanibel

State

FL

Zip Code

33957-3910

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEV Healthcom, Inc.

Occupation

Medical Publishing

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: 81014.C19399

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Anthony DiBiase

Mailing Address 550 N Yachtsman Dr

City

Sanibel

State

FL

Zip Code

33957-3910

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEV Healthcom, Inc.

Occupation

Medical Publishing

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 81014.C19422

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

James Dolan

Mailing Address c/o The Beechwood Co.
Suite 850

City

Pittsburgh

State

PA

Zip Code

15222-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 81014.C19236

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)